

<b>REQUEST FOR UNVOUCHERED FOREIGN TRAVEL ORDER</b>			DATE _____	
NAME _____		GRADE AND SALARY _____	TITLE OR RANK AND SERIAL NO. _____	
CHARGEABLE PROJECT _____				
<input type="checkbox"/> STAFF EMPLOYEE <input type="checkbox"/> STAFF AGENT		OFFICE _____		OFFICIAL STATION _____
RESIDENCE ADDRESS (IF STATIONED IN WASHINGTON) _____				OFFICE TELEPHONE _____
				RES. TELEPHONE _____
<b>ITINERARY:</b> (ALL TEMPORARY DUTY POINTS MUST BE SPECIFICALLY INDICATED.)				
<b>JUSTIFICATION IN DETAIL:</b> GENERAL STATEMENTS SUCH AS "OFFICIAL BUSINESS" OR "CONFIDENTIAL PURPOSES", ETC., WILL NOT BE ACCEPTED. IF PERMANENT CHANGE OF STATION SHOW NAME, AGE, AND RELATIONSHIP OF IMMEDIATE FAMILY AND SHIPMENT OF AUTOMOBILE, HOUSEHOLD AND PERSONAL EFFECTS.				
DURATION OF TRAVEL:				
FROM _____	TO _____	HOME LEAVE <input type="checkbox"/> PERMANENT CHANGE <input type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/>		
CHECK ONE FOR STAFF EMPLOYEE:				
Transportation to be procured by Transportation Div. <input type="checkbox"/>		Transportation to be procured by individual <input type="checkbox"/> Justify: _____		
<b>MODE OF TRAVEL:</b>				
COMMON CARRIER <input type="checkbox"/>		GOVERNMENT TRANSPORTATION <input type="checkbox"/>		
Airplane <input type="checkbox"/>		Airplane <input type="checkbox"/>		
Vessel <input type="checkbox"/>		Vessel <input type="checkbox"/>		
PRIVATELY OWNED AUTOMOBILE <input type="checkbox"/>		Motor Vehicle <input type="checkbox"/>		
ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE RECOMMENDED ON FOLLOWING BASIS:				
(a) _____ cents per mile, not to exceed cost by common carrier. <input type="checkbox"/>				
(b) _____ cents per mile, as being more advantageous to the Government. <input type="checkbox"/> JUSTIFY: _____				
<b>SP L PROVISIONS:</b> (I.E., EXCESS BAGGAGE, EXTRA FARE TRAIN OR PLANE, OFFICIAL COURIER DESIGNATION, ADVANCE OF FUNDS, etc.)				
DEFINE AND JUSTIFY: _____				
PER DIEM RECOMMENDED: _____				
<b>HOME LEAVE ONLY</b>				
DAY'S ACCUM. ANN. LV. _____	AS OF (DATE) _____	1. Employee (is, is not) to report to Hdqrs. for _____ days prior to home leave.		
		2. Date of arrival at overseas station: _____		
<b>APPROVAL (FOR CASES INDICATED)</b>		<b>APPROVALS (ALL CASES)</b>		
<input type="checkbox"/> PERMANENT CHANGE OF STATION  <input type="checkbox"/> TRAVEL TO FIRST POST OF DUTY ABROAD  <input type="checkbox"/> RETURN FROM POST OF DUTY ABROAD		_____ SIGNATURE OF INITIATING OFFICIAL  _____ TITLE DATE  _____ SIGNATURE OF CONCURRING OFFICIAL  _____ TITLE DATE		
_____ SIGNATURE OF CHIEF, CPD DATE				